## Standing Order for the Administration of the Influenza Vaccine to Adults 2013-2014

**Purpose:** To reduce morbidity and mortality from influenza by vaccinating adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and the Department of Defense (DoD).

**Policy:** Under these standing orders, and with documented 2013-2014 seasonal influenza vaccination training, eligible nurses and other healthcare professionals working within their scope-of-practice may vaccinate adult patients who meet the criteria below.

### Procedure:

- 1. Identify adults 18 years of age and older in need of influenza vaccination based on any of the following criteria:
  - a. Members of Armed Services
  - **b.** Diagnosis of any of the following conditions:
    - Chronic disorder of the pulmonary or cardiovascular system, including asthma
    - Chronic metabolic disease (e.g., diabetes), renal dysfunction, hematologic disorders, or immunosuppression (e.g., caused by medications, HIV)
    - Any condition that compromises respiratory function or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, seizure disorder or other neuromuscular disorder)
  - c. Pregnant during the influenza season
  - **d.** Residence in a nursing home or other chronic-care facility that houses persons of any age who have chronic medical conditions
  - e. In an occupation or living situation that puts one in proximity to persons at high risk, including
    - A healthcare worker, caregiver, or household member in contact with person(s) at high risk of developing complications from influenza
    - A household contact or out-of-home caretaker of a child age 0–59 months or of an adult age 50 years or older
- 2. Screen all patients for contraindications and precautions to influenza vaccine:

### a. Contraindications:

- A severe allergic reaction (e.g., anaphylaxis) after a previous dose of any influenza vaccine or to any
  component of any influenza vaccine (see table below), including egg protein (see attached egg allergy
  algorithm).
- Do not administer live attenuated influenza vaccine (LAIV4) to:
  - An adult who is pregnant:
  - Anyone who is 50 yrs or older or has any of the conditions described in 1.b. above;
  - Close contacts of severely immunosuppressed persons especially during periods when the immunocompromised person requires a protective environment;
  - Anyone until 48 hours after antiviral therapy cessation;
  - Patient that has received any live virus vaccines in the last 28 days, same day administration is acceptable.

#### b. Precautions:

- Moderate or severe acute illness with or without fever;
- History of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination;
- Immunocompromised individuals or those on immunosuppressive therapies that may have a reduced immune response to the vaccination.

#### Table: Vaccine Components\*

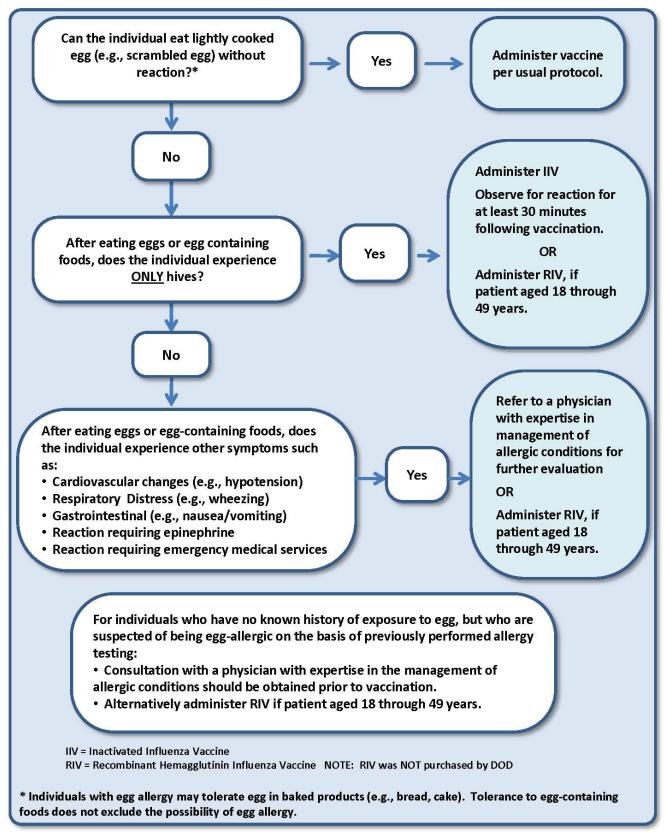
| IIV3: Fluzone - sanofi pasteur             | Egg protein, sodium phosphate-buffered isotonic sodium chloride, formaldehyde, octylphenol ethoxylate, gelatin, thimerosal (multi-dose vials)   |
|--|---|
| IIV3: Afluria - CSL Biotherapies           | Sodium chloride, sodium phosphate, potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, ovalbumin, neomycin sulfate, polymyxin, beta-propiolactone, thimerosal (multi-dose vials) |
| IIV3: Fluvirin - Novartis                  | Beta-Propiolactone, egg protein, Neomycin, polymyxin B, polyoxyethylene-9 nonyl phenol, Thimerosal, latex   |
| ccIIV3: Flucelvax - Novartis               | MCDK cell protein, protein other than HA, polysorbate 80, cetyltrimethlyammonium bromide, beta - propiolactone  |
| LAIV4: FluMist Quadrivalent -<br>MedImmune | Egg proteins, monosodium glutamate, porcine gelatin, arginine, sucrose, potassium phosphate, monosodium phosphate, gentamicin sulfate, and ethylenediaminetetraacetic acid  |

<sup>\*</sup> References: CDC Epidemiology and Prevention of Vaccine-Preventable Diseases, "Pink Book," Appendix B, 2012; 2013 manufacturer package inserts

- 3. Medication reconciliation for LAIV4 (FluMist Quadrivalent) is recommended.
- 4. Provide all patients with a copy of the most current Vaccine Information Statement (VIS) for IIV or LAIV. If available, provide non-English speaking patients with a VIS copy in their native language, found at www.cdc.gov/vaccines/pubs/vis.
- 5. Vaccine Administration
  - a. Administer 0.5 mL injectable inactivated vaccine (IIV) intramuscularly in the deltoid muscle. Use a 22-25g, 1-1 ½" needle. Always shake the syringe, single-dose vial, and multi-dose vial before withdrawing and administering every dose of vaccine.
  - b. Administer 0.2mL of intranasal LAIV4 to individuals without contraindications (section 2a); 0.1 mL is sprayed into each nostril while the patient is in an upright position. Do not have the patient "inhale or sniff" the mist; they should breathe normally during administration. Do not have the patient self-administer the vaccine, it is to be administered by a trained health care professional.
- 6. Document immunizations for Service members in the Service Immunization Tracking System (MEDPROS, ASIMS, or MRRS) and use AHLTA for family members and retirees. Document required immunization information including: the name of the vaccine, the date vaccine was administered, the manufacturer, lot number, the dosage, VIS version date, and the name of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt of the vaccine e.g., medical contraindication, patient refusal, medical temporary exemption (MT), etc.
- 7. Be prepared to manage a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
- 8 Report all rare or unexplained adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at

| www.vaers.hhs.gov or by calling (800) 822-7967.   | TOO E VOIN TROPORTING | y Cycloni (V/Litto) t  |
|---|-----------------------|------------------------|
| 9. This policy and procedure shall remain in effect for all patients of theuntil rescinded, and/or upon a change in medical director, whichever is earlier. |                       | _ clinic for one year, |
| Medical Director's signature:   | Effective date:       |                        |
| Printed Name and Title:   |                       |                        |

# Influenza Vaccination for Persons with Egg Allergies Algorithm



Developed based on the recommendations and guidelines from the Advisory Committee on Immunization Practices
(ACIP) meeting held 19-20 Jun 2013